during the last three years, year-wise; and

(e) what was the price of bulk drug on which these formulations were based earlier and on what price of bulk drug they have been fixed w. e. f, 26th July, 1989?

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THE MINISTER OF PETROLEUM AND CHEMICALS (SHRI M. S. GURUPADASWAMY): (a) to (c) Govt, have fixed the ceiling prices of certain formulations based on bulk drugs DexamefiHaooe and its salts on 13-7-1989 and not on 26-7-1989. The requisite details, to the extent available with the Govt., are given in the Annexure. *[See* Appendix CLIIT, Annexure No. 71].

(d) Govt, do not monitor production of formulations.

(e) While fixing the Prices of formulations in My, 1989, the price of bulk drug Dexamethasone Pure and Dexamethasone 21 Phosphate was taken at Rs. 66. 51 and Rs. 80. 80 per gm. respectively.

Availability of medicines in the CGHS Dispensaries

1630. SHRI SHANTI TYAGI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) what are the existing rules for meeting the contingency of non-availability of medicines in the CGHS dispensaries;

(b) whether Government are aware that with the present system of indenting,. the patients suffer upto a week of even more due to non-availability of medicines; and

(c) if so$_S$ what steps Government propose *to* take to *meet* this situation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANl ROUTRAY): (a) to (c) All medicines ineluded in the formulary are stocked in the dispensaries. However, in the event of non-availability of any medicine the same is indented from Super Bazar|local Chemist & supplied to the beneficiary in 2-3 days. In case of emergency, authority slip is given to the beneficiary to procure the medicine from Super Bazar|Local Chemist without any payment.

Encouraging Unani system of medicines

1631. SHRI M. VINCENT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that adequate steps have not been taken by Government for encouraging and promoting Unani system in the country especially in the CGHS;

(b) whether it is also a fact that Unani sytem has been discouraged during the last few years by heavily curtailing the formulay of Unani medicines in CGHS dispensaries, by not appointing any Chief Medical Officer or Specialist in the system by not introducing the indenting system, by not purchasing the medicines from reputed Unani institutes such as Hamdard Dawakhana and Tibbiya College, Aligarh, and by not developing any fool-proof testing methodology for identyfying genuine drugs and eliminating spurious ones; and

(c) if so what are the reasons therefor and what steps are being taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANl ROUTRAY): (a) No, Sir.

(b) and (c) The formulary of Unani Medicine is reviewed every year by a formulary committee and addition|deletions of various medicines is done keeping in view the demand of CGHS beneficiaries. A post of Deputy Advisor (Unani) already exists. Indenting system also exists for Unani medicines in CGHS. Unani Medicines are procured from I. M. P. C. L. (a Government of India undertaking) and organisation under Delhi Administration (Hindustani Dawakhana) as per policy of the Government. In the event of non supply from the above firms, orders are

placed with approved|registered, firms ineluding Hamdard Dawakhana. Organolyptic test is adopted for testing the quality of Unani medicines.

Representations for inclusion of drugs

1632. SHRI H. HANUMANTHAPPA: Will the Minister of PETROLEUM AND CHEMICALS be pleased to refer to the answer to Unstarred Question 682 given in the Rajya Sabha on 24th July, 1989 and state:

(a) what is the name of the manufacturer who submitted representations for inclusion of 41 drugs;

(b) what are the names of 41 drugs and what are the basis and grounds given for their inclusion;

(c) what is the number and names of drugs for which Chairman of *Committee* received representations for inclusion under price control.

(d) whether it is a fact that Kelkar Committee did not discuss about all the drugs in their Supplementary Report;

(e) if so what are the reasons therefor;

(f) whether it is a fact that remaining ! seven drugs do not fulfil any exclusion criteria;

(g) if so, what were the points on which the members were not unanimous;

(h) whether it is a fact that Kelkar Committee opined that Oxyphenyl-butazone and phenylbutazone are dangerous drugs; and

(i) if so, what are the basis for such opinion and also exempting these drugs from price control despite these facts?

THE MINISTER OF PETROLEUM AND- CHEMICALS (SHRI M. S. GURUPADASWAMY): (a) and (b) In ' its Supplementary Report, the Kelkar Committee did not mention the name of the manufacturer as well as the names of 41 bulk drugs; However trie issue has been discussed in detail in the Supplementary Report, of the Kelkar Committee copies of which are availably in the Parliamentary Library.

(c) to (e) The Kelkar Committee applied the exclusion principles on a basket of drugs which was worked out by the Committee on the basis of the WHO list and a supplementary list relevant to Indian requirement.

(f) and (g) This has been discussed in the Supplementary Report of the Kelkar Committee, copies of which are available in the Parliament Library.

(h) and (i) The reasons for doing so are explained in the Kelkar Committee Report, copies of which are available in the Parliament Library.

., MAPE enjoyed by M/s. Infar

1633. SHRI MOHD. KHALEELUR RAHMAN; Will the Minister of PETROLEUM AND CHEMICALS be pleased to refer to the answer to Unstarred Question 2853 given in the Rajya Sabha on the 5th December 1989 and state:

(a) when his Ministry directed M|s. Infer to furnish details regarding overcharging the price of Dexatopic Cream and when were the details received by his Ministry;

(b) whether his Ministry has worked out the unintended benefit made by the company;

(c) if so, what is the total amount due the period for which amount was overcharged from the consumer and the rate of recovery on each unit;

(d) whether it is a fact that the prices of most of their products are very high;

(e) whether it is a fact that the company is enjoying MAPE on a number of their products between 150 per cent to 300 per cent;

(f) if so, what are the names of those prices decontrolled medicines and MAPE enjoyed On each; and